



Permission Slip/Liability Waiver Form

Participant Name: _____

School Name: _____

Competition Level: (Circle One)

Elementary School

Middle School

High School

This form will confirm that I have voluntarily agreed to participate in the **Planetary Lander Egg Drop Competition** on May 3, 2014. I acknowledge that in electing to participate in this activity, I do so freely, and I assume for myself all the risks of personal injury or property damage, which I may suffer, incur, or cause. I hereby agree to hold Space Florida and its respective partners, officers, agents, and employees free and harmless of and from loss, liability, damage, cost, or attorney fees incurred by me or caused by my participation in this competition.

I further certify that my participation has been granted by my parent or guardian by their signature below or that I am at least eighteen (18) years of age.

This Authorization and Consent may be presented to the appropriate medical/dental staff/personnel at such time as emergency medical care, dental care or hospitalization is required. I hereby release and discharge Space Florida from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care, dental care or hospitalization during this competition.

I grant to Space Florida, its representatives and employees, the right to take photographs of me and my property in connection with the **Planetary Lander Egg Drop Competition**. I authorize Space Florida, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Space Florida may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above:

Participate Signature: _____

Participate Name (Print): _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____

Date: _____